



Application Data Sheet

Application Information

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|---|---|
| Application Type:: | Regular – National Stage of PCT/US03/05874 |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | Intranasal Administration of MC4-R Agonists |
| Attorney Docket Number:: | 072121-0397 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 3 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|---|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Linda Li |
| Family Name:: | XIAO |
| City of Residence:: | Alameda |
| State or Province of Residence:: | CA |

Country of Residence:: US
Street of mailing address::
City of mailing address:: Alameda
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94501

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Baoji
Family Name:: XU
City of Residence:: Lafayette
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address::
City of mailing address:: Lafayette
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jian
Family Name:: LUO
City of Residence:: Brisbane
State or Province of Residence:: CA

Country of Residence:: US
Street of mailing address::
City of mailing address:: Brisbane
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94005

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kirk
Family Name:: JOHNSON
City of Residence:: Moraga
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address::
City of mailing address:: Moraga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94556

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William H.
Family Name:: FREY
Name Suffix:: II

City of Residence:: White Bear Lake
State or Province of MN
Residence::
Country of Residence:: US
Street of mailing address::
City of mailing address:: White Bear Lake
State or Province of mailing MN
address::
Postal or Zip Code of mailing 55127
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Effie
Family Name:: TOZZO
City of Residence:: Newton
State or Province of MA
Residence::
Country of Residence:: US
Street of mailing address::
City of mailing address:: Newton
State or Province of mailing MA
address::
Postal or Zip Code of mailing 02465
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: DUHL

City of Residence:: Oakland
State or Province of CA
Residence::
Country of Residence:: US
Street of mailing address::
City of mailing address:: Oakland
State or Province of mailing CA
address::
Postal or Zip Code of mailing 94611
address::

Correspondence Information

Correspondence Customer Number:: 27476
Correspondence address: Steven Collier
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Representative Information

| | | |
|---|-------|--|
| Representative Customer Number:: | 23524 | |
|---|-------|--|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | National Stage of | PCT/US03/05874 | 2/25/2003 |
| PCT/US03/05874 | An application claiming the benefit under 35 USC 119(e) | 60/358,700 | 2/25/2002 |
| PCT/US03/05874 | An application claiming the benefit under 35 USC 119(e) | 60/372/921 | 04/16/02 |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee Name::

Chiron Corporation